STATE OF MARYLAND-CERTIFICATE OF DEATH If nonresident give city or town and State ERTIFY That ettended deceased from Oate of onset Wes there an autopsy? N.O. (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1928	Gastroenteritis	1 year
	1915	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Inly 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

C

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4100
1. PLACE OF DEATH	(gr.L)
County Thereof	Registration Dist. No. 182
Village or City Starteford.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toy where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / telen of Allison	If U. S. Veteran, specify WAR
(a) Residence: No. Mull Green	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	April 25- 1936
5a. If marriad, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Office of Lalling	22. I HEREBY CERTIFY, Thet I attended daceased from
	Jaw. 121 , 1931, to april 24, 1936
6. DATE OF BIRTH (month, day, and year) July 5-1862	Vlast saw has aliva on april \$ 4. , 1936; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at Tm.
73 9 20 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	The perture Certain -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Affermed and Arganic
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	heart.
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Baltim	Other Contributory Causes of Importance:
(State or country)	
13. NAME McColum Olongy 14. BIRTHPLACE (city or town) Balt	Name of operation Oete Oete Of Operation Oete Oete Oete Oete Oete Oete Oete Oet
(State or country)	What test confirmed diegnosis?
	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 2. (State or county)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Whara did injury occur?
Ollet Jall:	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Property, in Home, of in Public Flace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Centre Date agr. 28, 1936	Nature of injury
10 HAVERTAVER Degree Valet	24. Was disease or injury in eny way releted to occupation of deceased?
19. UNOERTAKER Dean Victor (Address) Bellia Mad	If so, specify
20, FILED april 27, 19 86 Verginia Chambers	(Signed) Le Alleur M. O
20. FILED UPSEL 07 , 19 00 425 9 Med Cham Call	(Address) Cardill Mul
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NAY 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• ;	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	21.11		185	-
	County Marford.	01 01 1.	Registration Dist. No. 10 3	,
	Village or City Occurred	a vicel null.	No. 6 V St., I death occurred in a horpital or institution, give its NAME instead of street and	War
	Length of residence in city or town where	death occurred 5 yrs 4 mo	s. 5 ds. How long in U.S. if of foreign birth? yrs.	mosds
	2. FULL NAME Eda	9. autrose		
ı	(a) Residence: No. 6 5 / 2	Bour Tour 180.	St. Ward.	
	(4) 1101101101111111111111111111111111111	(Usual place of abode)	If nonresident give city or town as	nd State
-	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
	Vernale white	married.	(Month) (Day)	, 193 🕰 (Yaar)
	5a. If married, widowad, or divorced HUSBAND of	0	22. I HEREBY CERTIFY. That I attende	
	(or) WIFE of Herenant	L' disservose	22. NI HEREBY CERTIFY, That I attende	d deceased from
	a party or paper (Day 1- 1877		death is sai
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 2 2	r; ueatii is sai
	5-8 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	8. Trada, profession, or perticular	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were as follows:	Date of onse
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Secretary	Barrier D. Lines	1933
	9. Industry or business in which work wes done, as SILK MILL,	<i>Y</i>	(lacite-)	//
	SAW MILL BANK atc	A		
	10. Date decesed last worked at this occupation (month and	11. Total tima (yéars) spent in this		
	yaar)	occupation	Other Contributory Causes of importance;	
	12. BIRTHPLACE (city or town)	de Grace		
	(State or country) ne	vyland.	- Carlier Sailura	
	13. NAME william	yours		
	14. BIRTHPLACE (city or town)		Name of operation Date of.	
	(State of country)	maryland.	What test confirmed diegnosis? Was thara an	autopsy?
	15. MAIDEN NAME	worls.	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
	16. BIRTHPLACE (city or town)	J. A.	Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	ary and	Where did injury occur?	
	17. INFORMANT Receberal	W. Kleebrost.	(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC P	LACE.
	(Address) Halle	, herryland.		
	18. BURIAL, CREMATION, OR REMOVED Place awall Sulle	1 9 - 3/	Manner of Injury	
	Place	Date 7 1900	Nature of injury.	
	19. UNDERTAKER & surrings	out four	24. Wes diseese or Injury In any way related to occupation of deceased?	
-	(Address) Have as	vale, rich	If so, specify	
1	20 FILED Seprie 8 136 Char	1. V. tan. 3	(Signed) Charles X. Pulle	4/M.
	20. FILED Repue 0, 1996 6 Kar	Registrar.	(Address) Harre de Grand	1 00 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 20 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

The second second

23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of Injury_______19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disaasa or injury in any way releted to occupation of dacaasad?.... Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Year)

Date of onset

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Example T		Example II	
ath and related cause lows!	S late of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
DODG ALL-V. S	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
MAY 5 193	July 5 1927	Peritonitis	3 days ago
SLINEAU V. of importance:	\$.	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	MAY 5 193	lows: 1945 1945 1947 1950 1949 1927 1961 1961 1961 1961 1961 1961 1961 196	Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

V. S. No. 1

1		
dx	infor-	state
AN)	Jo 1	nld
7	item	should
4	Every	PHYSICIANS
	D.	HYSI
		2

Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLA N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82,00 50
County Harous	Registration Dist. No. /8
Village or City County Home Be.	Rocev St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William Frankling &	Permett
(a) Residence: No. Cooptown med,	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DOVORCED (The the word) OR DOVORCED (The the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 / WHEREBY CERTIFY. Wat-1 attended deceased from
(or) WIFE of	And 12 1936 to april 4 1936
6. DATE OF BIRTH (month, day, end yeer) Care 3 1854	Wast saw hairs alive on July 12 , 1936; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
8/8/1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	fittelis fleres 1980
<. Industry or business in which	(South fremo 4 hage conell
A industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	J
11. Total time (yeers) this occupation (month end	
year) occupation the second se	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or couptry) Washed Co) mel	
E ()	Name of operation Date of
[State or country]	What lest confirmed diagnosis? Was there an au'opsy? 749
15. MAIDEN NAME Caroline Whitaker	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Coroline Whitoker 16. BIRTHPLACE (city or town) therfold Oes Yeek,	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT Justian & fruitsture (Address) Faces Hill just	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Vra Pasters Campate affer 6 ,1236	Nature of injury
19. UNDERTAKER Ly Kung Hou	24. Was disease or injury in any way related to occupation of deceesed?
(Addiess) Park flavolle	(Signed) Ole A Dotal T bullson M. D.
20. FILEDUPU 16, 190 8/ Homas Trom	(Signed) (State M. D. (Address) (Address) (Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 7 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20
County Harford	Registration Dist. No. 84
Village or City Vehille ford	No. St., Ward
Length of residence In city or town where deeth occurred Tyrstem	If death occurred in a hospital or institution, give its NAME instead of street and number) s. day How Iong in U.S. if of foreign birth?
2. FULL NAME & La sine (acles
1 1 1 1 1	St., Ward.
(a) Residence: No. (Usual piece of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 1. COLOR OF RACE 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Partic the word)	21. DATE OF DEATH (Month) (Oay) (Var)
ia. If married, widowed, or divorted HUSBANO of	
(or) WIFE of Joseph Carber	22. I HEREBY CERTIFY, That I attended Deceased fro
1 1 7 2 10,11	flast saw h. alive on Q 2 2 2 1936; death is sa
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 7.30 Pm.
94 14 6, 1day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one
kind of work done, as 3PINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	ald any filling
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	By Red Low flagie
	(Maryleyer)
10. Oate decessed last worked at this occupation (month and year) 11. Totel time (years) spent In this occupation	Orimany Cause, Cerebral hemourhages Cut & R.
a Bubyllay Agr (discountry)	Other Contributory Causes of importance: Duration . three days
2. BIRTHPLACE (city or town) (State or country) (State or country)	
13. NAME Lessie Good.	
13. NAME Sesser 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country) far grands	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Drocler.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Garage Garley (Address) Gulleford MC	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
8 -1 M/ (8 h-1) 3	
Place Centry Mt Oate for le, 18 3	Nature of injury
8 -1 M/ (8 h-1) 3	24. Was disease or injury in any way related to occupation of deceased? If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	Jaly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The second secon	

BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		9	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County	Xtento	2016	-	Registration Dist. No	182
Village or Ci	ty De	blin		No.	Ct V
Length of resid	ence In city or town when	death occurred	() mo:	death occurred in a hospital or institution, give its NAME instead	of street and number)
\	C. 11	death occurred			smos
2. FULL NAN	7.4.00	roll	ouaj	4	
(a) Residence	e: No.	(Usual place	e of abode)	St., Ward. If nonresident give city	or town and State
PERSON	AL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF I	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Office	3 1936
5a. If married, widowe HUSBANO of	d, or divorced		0	(Magoth) (Oa	iy) (Yee
(or) WIFE of		4m		22. Office / 1936, to	t I attended deceased
6. DATE OF BIRTH (nonth, day, and year)	Man 23	-1936	i last sawh is alive on afairl 12	, 19.36 ; death i
7. AGE Years	Months	Deys	If LESS than 1 day, hrs.	to have occurred on the date stated above, et	
		10	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of imp were as follows:	Oatao
8. Trede, profess	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc	more			
9. Industry or h	isiness in which			acule factures	
Work was SAW MILL	done, as SILK MILL, , BANK, etc			9 + -: 1: 1	
10. Oate deceased	l last worked at	11. Total	tlme (years) ent in this	dayrounderses. Duration three	. dayse
year)		000	upation	Other Contributary Canses of importance:	4
12. BIRTHPLACE (city		bling		Ree faces	al
(State or count	(y) Henry	rolley n	nol		
13. NAME	Luyn &	Chape			
14. BIRTHPLACE		all		Name of operation	Date of
C (State of C		1.0	ey	What test confirmed diagnosis? W	as there an autopsy?_
15. MAIDEN NAM	Euva	duck	2	23. If death was due to external causes (VIOLENCE) fill in also	
16. BIRTHPLACE		100		Accident, suicide, or homicide? Date of in	ijury, 19.
≥ (State or o	a ·	200		Where did injury occur? (Specify city or town, co	unty and State)
17. INFORMANT(Address)	So.	- chaj	mu	Specify whether injury occurred in INOUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATIO	N, OB REMOVAL	0		Menner of injury	,
Piece///	13100	Oate Of	EN 5,1936	Nature of Injury	
19. UNOERTAKER	Decga	Tester		24. Was disease or injury in any way related to occupation of d	leceased? 26
(Address)	esell	in ?	nd.	If so, specify	
20. FILEO 4/4	1936	squa	hamiliers	(Signed)	- 500
			Registrar /	(Address) Ul Gerage	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage BASY A thee July 5, 1927 Peritonitis 3 days ago RUDEALIS Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year "

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2 Ochok

1. PLACE OF DEATH

S. No.

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Yaar)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, spacify

24. Was disease or injury In any way related to occupation of deceased? The

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Chronic interstitial nephritis N 5 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH		
County Harfar	des	(131) 20 185
Village or City Haurh a	1) Grace	Registration Dist. No. 100
village bi city from the car		f death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where deet	h occurradmo	s/ds. How long lp U.S. If of foreign birth?yrsmos
2. FULL NAME Estlu	er, Cohau	If U. S. Veteran, specify WAR 12 V
(a) Residence: No Jarrey	Hill Mrs.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
Levele Colonell S.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 26, 193 6 (Youth) (Day) (Yaa
5a. If marriad, widowed, or divorced NUSBAND of	0 0	22. I HEREBY CERTIFY. That I attended deceased
(or) WIFE of Nollis	Cohau	22. I HEREBY CERTIFY That I attended deceased
6. DATE OF BIRTH (month, day, and year)	14-1907	1 last say h er aliva on abril \$6 1936 death i
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 5:30 pm.
29 2	12 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were exclusives:
8 Trade profession or particular	1/ • 1	de Muse neplant o Date of
SAWYER, BDOKKEEPER, etc.	Vswife	all a land
9. Industry or business in which work wes dona, as SILK MILL,		Cultilleul Fremory hall
SAW MILL, BANK, etc	11. Total tima (yaars)	Chronic diffuse rephritis
this occupation (month and	spent in this occupation	Quation: Indefinite Cufp
	occupation	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	Carolina	
	h 111 a 11	
T / COOK	1	
f4. BIRTHPLACE (city or town) (State or country)	Carolins	Name of operation
15. MAIDEN NAME Mary	Allen	What test confirmed diagnosis? Was there an autopsy?
	a ·	23. If deeth was due to externel ceuses (VIDL ENCE) fiil in elso the following:
(State or country)	4. Chrolina	Accident, suicide, or homicide?, 19. Whare did injury occur?, 19.
market my Walling D.	Cohen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Me Hours	ill not	Specific Marie Marie Marie Marie Marie Marie Marie PLACE.
18. BURIAL, CREMATION, OR REMOVAL	3 .1	Menner of Injury
Place Fair Ville Camely	Data lipsel . 29, 1936	Neture of injury.
19. UNDERTAKER Henry Ja	ming Hous	24. Was disease or injury in any way related to Description of Deceesed?
(Addrass)	edecy med,	If so, spacify
20. FILED april 28, 136 Charles	Odelan mo.	(Signed) SSUNF
13.30	Registrar.	(Address) Long language language

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Example I	1	Example II	2.64
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Chronic interstitial nephritis MAY 5 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gaustones	May 1,1923	Gastroenterius	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4118
1. PLACE OF DEATH	23
County Day ord	Registration Dist. No. 184
Village or Sity Darlington	NoSt., Ward
Length of residance in city or town where death occurred by.yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Marvin M. LOL	chman
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cory WHEE OF COMMENT OF COMMENT	22. 1 HEREBY CERTIFY That i attended dacassed from
6. DATE OF BIRTH (month, day, and year) June 26, 1907	Alast saw h death alive on Market 21, 19 3 death is said
7. AGE Years Month's Days If LESS than 1 day; hrs.	to have occurred on the date stated above, at 7
05 0 / 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	Tarburant and Af
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Topon of
10. Date deceased last worked at 10 this occupation (month and 1932) 11. Total time (years) spent in this occupation 12. [9]	V
12. BIRTHPLACE (city or town) Starford Co., (State or country)	Other Contributory Causes of Importance:
13. NAME Elwood Decaman	
14. BIRTHPLACE (city or town) A conford Co., (State or country)	Name of operation
15. MAIDEN NAME 1 D schman	What test confirmed diagnosis? Was there an autopsy?
to the standard Co	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Eller od Decleman (Address) Darlington Mid	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Julian Com, Date Ohru 5, 1936	Manner of Injury
19. UNDERTAKER J. S. Bailey (Address) Darlington mg	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Opril 4, 1936, M. Or, Kirk	(Signad) A.D. (Address) W. G. C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Chronic interstitial nephritis AT 0 1500	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING	
FOR	
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RESERVED	-
MARGIN	
Ξ	1

1	PLACE OF DEATH	-CERTIFICATE OF DEATH 4119
_	County Harry	93-0
	Village or City (# # # # # # # # # # # # # # # # # #	Registration Dist. No. / 8 L
-	f1/2	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurred	mos. How long in U.S. if of foreign birth? yrs. mos
2	FULL NAME Chrandal	Curhasal.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	male thile or BIVORCED (winter the word	
a.	If married, widowed, or divorcad HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY. That I ettended daceased fr
	1851 7 6	1936 to Freb 23, 193
6. D 7. A	AGE Years Months Deys If LESS the	I last saw h elive on
1	1 7 05 - 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence
NO	8. Trede, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	were as follows: Oats of one Oats of one
OCCUPAT	9. Industry or business in which work was dong, as SILK MILL, SAW MILL, BANK, atc.	
000	1D. Date dacaased last worked et this occupation (month and year)	
12	BIRTHPLACE (city or town)	Dther Coutributary Causes of Importence:
1 4.	(Stata or country)	
FATHER	13. NAME and Ehrand	
Y	14. BIRTHPLACE (city or town)	Name of operation Deta of
-	(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
OTHER	15. MAIOEN NAME MURIOUS	23. If death was due to external causes (VIDL ENCE) fill In elso the following:
2	16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicida, or homicide?
17.	INFORMATION Cheffeed	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CHEMATION, DR REMOVAL	Manner of injury
	Place 1 trees of free bonder of the 19	Neture of injury
19.	UNDERTAKE PRISTAGE OF THE STATE	24. Was disease or injury In any way releted to occupation of deceased?
	(Addiasa) Sultan, My	If so, specify

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Example I	i	Example II		
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Chronic interstitial nephritis MAY 6 1936	1915	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Il death occurred in a hospit or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred 1. yrs. mos. d. ds. How long in U.S. If of foreign birth? yrs. mos. d. 2. FULL NAME Martin Cusual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WHOOWED, OR DHYORCED (write the word) Fall financial, widowed, or divorced HUSBAND of (or) WIFE of Cor) WIFE of Cor) WIFE of Cor) 1. H.E. REBY CERTIFY, Thet I attended decessed from the property of the prope	417	THIN CORPORATE OF MADVI AND	CEDTIFICATE OF DEATH 1194
County Narfard No.	PA		CERTIFICATE OF DEATH \$150
Village or City Aury de St., Ward (II death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred Tyrs. mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. 6 2. FULL NAME Marton Single Marton State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WHOWED, OR-DHYORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of State)		h/a = la : d	196
Length of residence In city or town where deeth occurred tyrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds	00	County	" 10 1 1 1 to 1
2. FULL NAME (a) Residence: No. Park Sulface of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DHYORCED (write the word) FUSBAND of (or) WIFE of 1. Let a sulface of abode) 1. DATE OF DEATH (Deep) (Month) (Deep) (Deep) (Yeer) 1. Let REBY CERTIFY, Thet I attended decessed from the sulface of abode) 2. FULL NAME (a) Residence: No. Park Sulface of abode) Il nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Deep) (Yeer) 1. DATE OF DEATH (Month) (Deep) (Yeer) (Yeer)	of sh		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Cart Alexander Manager Mana	NS NS	Length of residence In city or town where deeth occurred	ds. How long in U.S. If of foreign birth?yrsds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Fig. 15 Single, Married, Widowed, or divorced HUSBAND of (or) WIFE of Sall married, Wife of Sall marrie	CIA	2. FULL NAME Marlow 6 inwa	celleniu. S. Veleran specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Fig. 15 Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Sa. If married, widowed, or divorced (or) WIFE of Sa. If married, widowed, or divo	YSI		
Male white married (Myth) (Dey) 193 6. Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabel Guiwaehter april 193 6 to April 19	-	1	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabel Einwachter april 1936 to april 1936 to april 1936	3.	The state of the s	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabel Giewachter april 1, 1936 to april 7, 193	LY.	Male white married	(Medith) (Day) (Year)
× 5	He Ja	a. If married, widowed, or divorced	
	A assi	(or) WIFE of Isabel biewachter	abrul 1936 to abrul 7 1936
N. N.		DATE OF BIRTH (month, day, and yeer) Sink 2,5-1909	I last saw here alive on april 5, 1 193 6; deeth is said
7. AGE Yeers Months Days If LESS than to have occurred on the date stated phove, at 1m.	erly icat		
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than 1 day,hrs. Ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as lestows: Date of one	rop		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as fellows:
8. Trede, profession, or perticular kind of work done, es SPINNER Juck Striver Sold Sulfa Sold Spin Striver Sold Sulfa Sold Spin Sulfa Sul	1 2	8. Trede, profession, or perticular kind of work done, es SPINNER	Cloudy the and the colden
		9. Industry or business in which	telalation volonito
9. Industry or business in which work wes done, es SILK MILL, Own Druck SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)		SAW MILL, BANK, etc.	Soldenie of the
this occupation (month and 9 3 (spent in this / Agareau accordant a shock and all a second and accordant accordant and accordant accordant and accordant accordant and accordant acco	0 0 0	10. Date deceased last worked at this occupation (month and / 9 3 (spent in this	Agreed annous accident: shock by collabor
Other Contributory Causes of importance: Crushed by a large Cause R. 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	AG tha	year) occupetion /	
(State or country)	4 . =		Raffer Batona
sit in it is a longer stone fell on see ased.	lied ms, istr	Lie ways	Alonget stone fell on decased.
P P O F	5 章 型 。 E	14 RIPTHDI ACE (situ or town)	Name of operation that stout which present the
Neme of operation. 4 14. BIRTHPLACE (city or town)	ly s Se Se	(Stete or country)	2.3
15. MAIDEN NAME / Veleu Giggs all 15. MA	full n p nt.	15. MAIDEN NAME / Yelen Ginvacates	
		16. BIRTHPLACE (city or town)	
Accident, suicide, or homicide? Accident, suicide, or homicide? Control	be mpc	(State of country) / Caughand	
Specify Whether Injury occurred in MDUSTRY, In HUME, or in PUBLIC PLACE.	PA > 17		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAY, CREMATION, OR REMOVAL Menner of Injury Menner of Injury	1 20		Manage of Injury Fory Stone Hall by Weekel
A Stewell Cem Clarit 8, 36		Acofewill Cem Dete Gril 8, 19 36	
Nature of injury In any way related to accupation of deceased?	A TO	HADEOTER EL G. Valterson	144-
(Address) Terriville, Mid If so, specify accurately super, Payer	EOF		Cica Veda City
20, FILED april 6, It Charle & Falue n. S. (Signed) To & Stelling M.	20	O. FILED april 6 , Al Charle & Falue n. S.	(Signed) To XIIIII M. D.
Registrar. (Address) At A A A A A A A A A A A A A A A A A A			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

of OCCUPA-

County Austord	Registration Dist. No. / 6
Village or City Marganean	NoSt.,Wal death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Qyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Ella M. Fleming	
(a) Residence: No. Prof (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Wadow	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	V
(or) WIFE of Charles A telemina	22. I HEREBY CERTIFY, That I attended deceased from the rock 70, 1936, to april 16, 193
DATE OF BIRTH (month, day, and year)	Hast saw her alive on afril 16 1936: death is si
AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$1550, m.
75 9 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as rollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cerulal Homorhage
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
BIRTHPLACE (city or town) Adog Creek	Other Coutributory Causes of importance:
(State or country) Carolina Co Mid	
13. NAME Elinezer Jackson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marg & Flettwood	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
(Address) Cerryman mod	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Start Smith Date Gran 171, 1936	- Nature of Injury
UNDERTAKER Serving Stons (Address) Churches Ind	24. Was disease or injury in any way related to occupation of deceased?
FILED april 18, 176 Of Merchan	(Signed) Allancy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Data of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1930	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m) 20 4122
County Harlard	Registration Dist. No. 185
Village or City Accordes de La	ee No. Hasfital St., Ward
	(If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Mailly / Va	If U. S. Veteran, specify WAR
(a) Residence: No. White factor (a) Residence (a) Residenc	MCSt., Ward.
PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOC	WED, 21. DATE OF DEATH A
Male w. OR DIVORCED (write the	193 0
5a. If marriad, widowad, or divorcad	(Yaar) (Yaar)
HUSBANO of (or) WIFE of Allen to Bossle, No.	HEREBY CERTIFY That I attended deceased from
7, 10	1950, to Carr 22, 1906
6. DATE OF BIRTH (month, day, and year) Unit of the Samuel Control	t tag saw have alive on 42 , 1936; death is said
1 dey,	The state of the s
8. Trada, profession, or particular	nin. were as follows: Oate of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. SAWYER, BOOKKEEPER, atc.	Is uglinged should and
9. Industry or business in which	Jastanal Jasjunes 4/21/36
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Totat time (years) this occupation month and year) year)	
yaar) - 17/9/3.6 occupetion //	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	
4 14. BtRTHPLACE (city or town)	Name of operation
W 15. MAIOEN NAME Plan Sul Alexa	What test confirmed diagnosis? Wes there an eutopsy?
E	23. If deeth wes due to external ceuses (VIOLENCE) fitl In also the following: Accident, suicide, or homicide? Accident, Dete of injury 4/2/1924
Stete or country)	Accident, suicide, or homicide? Accident. Dete of injury 4/2/ 1924
6/beex Halo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Selfer (Address) Whitefore In	fully black of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury autobrossbile usrident
Place Suterracle Corrollo Offr N.	1956 Nature of injury fractioned Shell Internal former
19. UNOERTAKER Hubert P Honking	24. Was disaase or injury In any way related to occupation of decaased?
(Address) Delta Par.	tf so, specify
20. FILED April 22, 1936 Charles & Jaley 7	D (Signed) J. C. Janchen Camera of
Reg	strat. (Address) Lawel de Juse, mid
If more blanks are needed, address State.	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis HAV 5 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DIOFAIL V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11111111111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

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Chronic interstitial nephritis MAY 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82°a) 20 4124
County Harford	Registration Dist. No. 15
Village or City & give de Trace	No. Horfital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance In city or town where death occurred	s. V ds. How long in U.S. if of foraign birth? yrs. mos. ds
2. FULL NAME Mobert Le Roy Har	nis,
(a) Residence: No. Have de Grace	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (blonth) (Day) (Year)
5a. If married, widowed, op-divorged	(Day) (Teat)
(or) WIFE of Positia Harris	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 29-1868	I last saw hell alive on apy 1 1, 1936; death Is sal
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
67 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Al III
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	- Simplemen
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date decassed last worked at 11. Total time (years)	Gremary Copise: Clarol bemorrhage.
this occupation (month and spent in this occupation	Duration: Clautes Crop &
12. BIRTHPLACE (city ortown) Have de Frace	Other Centributory Causes of Importance:
(State or country) nipulsand,	
13. NAME RANGE (City or town) Hoave de Frace	
14. BIRTHPLACE (city or town) Hoave de Frace	Nama of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clinabile Wrangen	23. If death was due to axternal causas (VIDL ENCE) fill in also tha following:
15. MAIDEN NAME Clinabeth Dramgen 16. BIRTHPLACE (city or town) Roarre de France (State or country)	Accidant, suicida, or homicida?
9 H	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT follow of the Frace md	Spacify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of borner Date affail 3 1936	Manner of injury
Place It James Date Uffill 3, 1936	Nature of Injury
19. UNDERTAKER Pennington / for	24. Was disease or injury in any way related to occupation of deceased?
(Address) House de Stace md.	If so, spacify
20. FILED april 3, 1836 Karles J. Jales B. S. Registrar.	(Signed) M. (Address) M. (Address) M. (Address) M.
	, 2411 N. Charles Street, Valintore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AY 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County of an analysis desired in the presentation pist. No. 10.2 Village or City. The presentation of the	ould	County Thanlord, Co.	Registration Dist. No. 185
Length of residence in city or town, where death occurs of the country of the cou		Village or City Haro We Gras &	Co-Ned La l
2. FULL NAME II	0	(lf	death of urred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS V 3. SEX 4. COLOR OR RACE OR DIVORCED demits that word on browned HUBSAND of (Only) WIFE of or DIVORCED demits that word on browned HUBSAND of (Only) WIFE of Or DIVORCED demits that word on browned HUBSAND of (Only) WIFE of Or DIVORCED demits that word on browned HUBSAND of (Only) WIFE of Or DIVORCED demits that word on browned HUBSAND of (Only) WIFE of Or DIVORCED demits that word on browned HUBSAND of (Only) WIFE of Or DIVORCED demits that word on browned HUBSAND of (Only) WIFE of Or DIVORCED demits that word word word word on the date stated adopts, at. 1 of the part of		10 11 40 . 1	
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3. SEX 4. COLOR OR RACE OR DIVORCED (which has word) 5. II HEREBY CERTIFY, That I attanded deceased from the data word of the property of the second from the data word of the property of	4 /		
So. It marked, widowed, or divorced drive (Aprilda Market) So. It marked, widowed, or divorced drive (Aprilda Market) So. It marked, widowed, or divorced drive (Aprilda Market) So. It marked, widowed, or divorced drive (Aprilda Market) So. It marked, widowed, or divorced drive (Aprilda Market) So. It marked, widowed, or divorced drive (Aprilda Market) So. It marked, widowed, or divorced drive (Aprilda Market) So. DATE OF BIRTH (month, day, and yeap Jel. 29 860 T. AGE To Years So. Trade, protession, or particular day of widowed, or divorced drive and of well and of well a done as \$5 \text{Pinter}, death is said to have occurred on the date stated above, at . Qm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were particular ware particula	PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. It mereled, widowed, or divorced huseful of the	P	Male. While OR DIVORCED (write the word)	april 21 1936
Date of BIRTH (month, day, and year) So Date of Last (with year) So Date of BIRTH (month, day, and year) So Date of BIRTH (month, day, and year) So Date of Last (with y	A C T assified	HUSBAND of (V)	22. I HEREBY CERTIFY, That I attanded deceased from
7. AGE 7 Years Months 0ays 1f LESS than 1 days nits of have occurred on the date stated above, at 1 2 m. 1 days nits of nits o		6. DATE OF BIRTH (month, day, and year) Jol. 29 th 1860.	
SWYEER, BOOKEPER, alc. Salver Salv	erly icat	7. AGE 76 Yaars Months Oays If LESS than	
SWYEER, BOOKEPER, alc. Salver Salv	rop		ware additioned
Sometic political process of the properties of the of the propertie		8. Trade, profession, or particular kind of work dona, as SPINNER.	
11. Total time (year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19.		SAWTER, BUUNNEEPER, SIG.	Mirania Myoundale
10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19.		work was done, as SILK MILL.	Three that thereton
year) Other Cantribatary Causes of Importance: Other Cantribatary Caus	sh it in	10. Data deceased last worked at this occupation (month and spent in this	- Machine Grafia
(State or country) 13. NAME		year) occupation	Other Cantributary Causes of importance:
Name of operation. Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of. What test confirmed diagnosis? Was there an autopsy? Oate of. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VioLence) fill in also the following: Accident, suicide, or homicide? Oate of or	So so ctic		
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23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury	ins	III. NAME	
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury	su in See	14. BIRTHPLACE (city or town)	
Accident, suicide, or homicide? Data of injury	ullly pla		
What a did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Address) 20. FILEO April 3/19 36 Capital (Address) (Address) (Address) (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE. The provided Home of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Address) (Address) (Address)	ref in in tan	T IS BIDTHOLOGY (1)	
17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address)	ca TTH por		
Placa for the control of the control	A D D		(Specify city or town, county and State)
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(Address) Mediadon, Mariles (Signed) (Signed) (Address) Acuse foliage M. O (Address) Acuse foliage M. O (Address) Acuse foliage M. O	CAT	19. UNDERTAKER Howard 15 Melona	24. Was disease or injury in any way related to occupation of deceased?
(Address) Access Alexander Min		(Address) Abragdon, MA	1 1 total
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STATE OF MARYLAND—CERTIFICATE OF DEATH 4125

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrois	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	4126
County Harlord	Registration Dist, No. 185
Village or Gity Hawrede Grace	No. 217 Freedom alleyst., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town whara death occurred 55 yrs. 3 mos	ds. How long in U. S. if of foralgn birth?mosds.
2. FULL NAME Mary Elizabeth Her	If U. S. Veteran, specify WAR
(a) Residence: No. 217 Fredword alla (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Office (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attanded daceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Dec. 25, 1880	I last saw half alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
55 3 20 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and releted causes of Importanca were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last workad at this coverage for month and control to the second in this coverage for month and control to the second in this coverage for month and control to the second in this coverage for month and control to the second in this coverage for month and control to the second in this coverage for month and control to the second in this coverage for month and control to the second in the secon	Anarca side
9. Industry or businass In which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	Court Deletation of
O 10. Data daceasad last worked at this occupation (month and 4/1936 spant in this 49%) occupation.	1 feart
12. BIRTHPLACE (city or town) I Harford	Othar Contributory Causes of Importance:
(Stata or country)	Cardino Tachus
13. NAME W = Warren	
13. NAME W Warrew 14. BIRTHPLACE (city or town)	Neme of operation Data of
(Stata of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Farriet Bank	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Farriel Backlo 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury19
E (Stata of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LIM Wesley Hemore (Address) Having de Grace 140	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Contract of Starford Coate 923, 17, 1936	Mannar of Injury
19. UNDERTAKER I. Madsen Mitchell (Address) Navre de Grace, Mid	24. Was diseasa or injury in any way related to occupation of dacaased?
20. FILEWARD. 16 , 1936 Charles & Jaley M. D. Registrar.	(Signad) land foliag M. D.
If more blambs are medad address State Penistres	N. Charles Street Belginson, B. C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Chronic interstitial nephrilis E. C. E. I. L.	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1938	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7 2 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(83-a) 5D
F)	County Harran	Registration Dist. No.
111/5 6	Village or City 1381 (LCP)	No. almo Hause St. Ward
/		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
AN	W. Dl.: 19/1/2/2/2	dead of
vo. Every YSICIANS	2. FULL NAME COLUMN - JUSTIN	VVV.
COMD. Every PHYSICIANS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO : PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of WMANOWY WIFE OF	22 A HEREBY CERTIFY Thet yattended deceased from
BIN ERN EX cls	6. DATE OF BIRTH (month, dev. and year Mul 4, 1853	Nest saw have alive on CAUL 9 19% death is said
	7. AGE Years Months Days If LESS than	to heve occurred on the dete state above, at
FOR IS A I stated properly	63 2 3 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance
- 70	8 Trada profession or particular	(Menosclesoses 1928
ED he be be be be be	SAWYER, BOOKKEEPER, etc.	Q 1 0 91
KK_T Should it may n back	9. Industry or business in which work was done, es SILK MILL, SAUVILLE SAW MILL, BANK, etc	Celebral plemorrhage gent.
SE NK Sh it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Jindustry or business in which work was done, es SILK MALL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and 3 spent in this spent in t	4 11936
RE I	year) occupation occupation	Other Contributory Causes of importance:
N A L G	12. BIRTHPLACE (city or town)	Other Continues, Courts of Importance.
ARGIN UNFADI pplied. terms, so	(State or country)	
	E 13. NAME William Varpoins	
M H H	14. BIRTHPLACE (city or town)	Neme of operation Date of
FEG		What test confirmed diagnosis? Was there an autopsy? ZV
INLY, WITH be carefully EATH in plaimportant.	H Washington	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
LY Ca	16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
ADDA	17. INFORMANT LEGGED A Almo (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
F-7 70	18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury
	Plade Date Mul 11, 1986	Nature of Injury
No. 1 3.—WRITE mation 3 CAUSE TION is	19. UNDERTAKER Telemington (Address) Farra ae frace	24. Was disease or injury In any way related to occupation of deceased? 10
X X X	20. FILE Apr 10, 196 NEKichardson. Registrar.	(Signed Of January M. o
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
980			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
000			

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3	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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MAKGIN KESEKVED FOR BINDING	K-T	pluod	may	TION is very important. See instructions on back of certificate.
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No. I	3.1	ma	CA	TI
V. S. MO. 1	Z	7)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50 20 \$148
County Harfard	Registration Dist, No. 185
Village or City Haure de Trace	No. Hospital St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Mrs. Mary E. Jard	
(a) Residence: No. 715 Otse do Str.,	St Ward.
(a) hesidelice. No. // (Dynal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Finale, Color or RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH April 24 , 193 G . (Month) (Day) (Year)
5a. If married, widowed, or divorced (HUSBAND of John Landine	22. I HEREBY CERTIFY, That I ettended deceased from Marche 24 1936 to April 24 1936
6. DATE OF BIRTH (month, day, and year) Unknown 1880	I last saw h le eliva on April 4 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 11:45 f.m.
56 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Carrinora of Right Bleast Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9.Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	limite Ditelation of Heart
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) New York. (State or country) New Work.	Other Contributory Causes of Importance:
	Markay Oulies
13. NAME John J. Thomasson 14. BIRTHPLACE (city or town) Kentersky (State or country)	Neme of operation Reduced augustation of Business of 4 13 13 6
	What tast confirmed diagnosis? Special Line. Was there an autopsy?
16. BIRTHPLACE (city or town) New york,	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs Mary E. Jordine Mrs (Address) 7/5 Otsaler St. Hour de Trans	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL ny. Place woodlawrifen bate afr. 28, 1936.	Menner of injury
19. UNDERTAKER Deminstanton (Address) Have de Guele, md;	24. Was disaase or injury in any way related to occupation of decaased?
20. FILEDARIE 26, 1836 Claree J. Taley & D. Registrar.	(Signed) bearle J. Jaley M. D. (Address) Lanen de La J. M. 2:
If more blanks are needed, address State Revistrar	2411 N Charlet Street Relimore Requesting 9) S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		210-0 20
County Harlard	- 0.	Registration Dist. No. 185
Village or City Habere	le Grace	No. Haskital St. War
Locality of social and la situ Osman de		death occurred in a horoid or institution, give its NAME instead of street and number) Los. How long in U.S. if of foreign birth? vrs. mas d
Langth of residence In city or lown whare de	eath occurred yrs mos.	N-91
2. FULL NAME	a racyour	of U. S. Veteran, specify WAR.
(a) Residence: No.	(Usual place of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male ev.	Single_	(Nonth) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of	know.	22. 1. HEREBY CERTIFY That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	Unkareva.	Herkawh wheelive on alrel 2/1 1936 death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the data stated abova, at 9:80 b.m.
18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or perticular	1 1	Ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uttes/	Trucky / kull
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Central Hemorphagy
SAW MILL, BANK, etc	11. Total time (years)	
this occupation (month and 936	spent in this 3 years	
Lie	1.0	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	w terre.	Cents. acceler
13. NAME I WARRELLE	Kaskair J.	1
13. NAME (Judrew 14. BIRTHPLACE (city or town)		Name of operation. The April Dete of 4 -/9
(State or country)	ustria	What test confirmed diagnosis? Character Wes there an autopsy?
15. MAIDEN NAME QUELA.	Barna	23. If deeth wes due to externel causes (VIQLENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide Coccety Bate of injury 7 79-1936
(State or country)	lustre	Where did injury occur? The land land land
17, INFORMANT LOLINA / gashe	vic.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lindin W.	N. T.	Juble Hick Way
18. BURIAL, FREMATION, OR REMOVAL	mapril 2 4,0 36.	Manner of Injury Cutto Cecasifi
Placa harring M. J.	Date april a 7, 19 36.	Nature of injury Wolford
19. UNDERTAKER Jumy	outhou	24. Was disease o lighty in any way related to occupation of deceased?
(Address) Have de	Grace mada	If so, specify
20. FILED \$ 61. 22, 1036 Charles	is f. Taley m. D.	(Signed) M.
- J	Registrar.	(Address) Harry of Grand land
If more b	clanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis MAY 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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FOR	A 101
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MARGIN RESERVED	TATAL
N K	
TARG	OWIG A FINE HERE
4	TENTE

4 te	STATE OF MARYLAND	CERTIFICATE OF DEATH
sta JP.	1. PLACE OF DEATH	(121) 2.0
Jo Pi	County Harford	Registration Dist. No. 185
shou f O	Village or City Haute de Grace	No. Hayfetal St., Ward death occurred in a hyperial or institution, give its NAME instead of street and number)
t S it		death occurred in a negotiator institution, give its IMAIVE instead of street and number)
Every MANS Ement	2. FULL NAME Luly Means Xe	Lly If U. S. Veteran, specify WAR
D. E SICI tater	(a) Residence: No Navre de Grace, M	Ward.
IYS st:	(Usual place of abode)	If nonresident give city or town and State
PF PF act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 2 1936
r L	5a. If married, widowed, or divorced	(Day) (Year)
ANI A C 1 Ssific	(or) Wife of Martine J. Kell.	1 HEREBY CERTIFY, That I attended deceased from March 1/ 1936 to akrel 2 1936
Cla Cla	(1. 'n 1d 1607.	I last saw h. L. alive on a first 2 , 1936; death is said
PE ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys IMESS than	to have occurred on the date steted above, et 9:250 m.
IS A PE stated E properly certificate	1. AGE 1881S MOUNTING Days INCLESS CHAIR	The PRINCIPAL CAUSE OF DEATH and related causas of importance
IS sta pro ert	7 / ormin.	were as follows:
HIS be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	reviolate 10 morius
ould may back	9. Industry or business In which work was done, as SiLK MiLL,	leute Ceffendectomy
sho it n	10. Date deceased last worked et 11. Total time (years)	J
IG IN AGE that ons o	this occupation (month and spent in this occupation	
/ 4	TO DEPOSIT OF City and American	Other Contributory Causes of importanca:
I. so uct	12. BIRTHPLACE (city or town) (State or country)	Barling Frillian
NFADII pplied. rms, so instructi	13. NAME Lefferson Mears -	
		Neme of operation appendedomy Data of hen 17,79.
H U	[14. BIRTHPLACE (city) or toy) (State or copytry) (State or copytry)	What test confirmed diagnosis? Clinical J. Was there an autopsy?
t ph	E 15. MAIDEN NAME Leggetty Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
, Wirefurefilm	I S DIPTURI ACE (city or four)	Accident, suicide, or homicide? Date of injury19
ca TH port	(Stata or country)	Where did injury occur?
I'm EA	m T. Kaller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LA	17. INFORMANT (Address) Lave La Prace ned	open, many many country in money of in 1922 of 12002.
shou OF	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
rre n s SE	Place Dan Kelley- Non Date afor, 5-1936	Natura of Injury
-WRIT	Op I day of	24. Was disease or injury in any way related to occupation of deceased?
TOF	19. UNDERTAKER Deutemann 19. (Address) Plane De Glace ned	If so, specify
m C	1 1 2 8 0 1 0 0	(Signed) Charles J. Jales M. D.
z (1	20. FILED aprel V, 1936 Charles J. Olly M. D. Registrar.	(Address) Have be Grafe, Ml.
	1	2412 N. Charles Street Baltimore Requesting 71 S. No. 2

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OURCEAU . 5	o d d		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—W

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		- 100	-	

1. PLACE O	F DEATH					200-8) ×		
County	Harford	i					Registration	Dist. No. 18	² Q
Village or	City For	t Hoyle	Maryla	nd.	No		itution, give its NAMI	St.,	Ward
Length of res	sidence in city or	r town where d	eath occurred_8	yrs,=mos					
2. FULL NA	ME K	weder.	Edward L						
	nce: No. F	_			St.,	Ward.	X		
(4) 1100.00		×. •	(Usual place	of abode)			If nonresident	give city or town	and State
PERSOI	NAL AND	STATISTI	CAL PART	CULARS		MEDICAL	CERTIFICATE	OF DEATH	1
3. SEX	4. color o	R RACE hite	OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	21. DATE	OF DEATH	April (Month)	15 (Day)	, 193 6 (Year)
5a. If married, wido HUSBANO of	wed, or divorced				-		V 0=====	V 75-1 1 11-1	
(or) WIFE of					Not att		Y CERTIF		
A DATE OF BIRTH	/	A		1011	Ĭ				
6. DATE OF BIRTH 7. AGE Ye	ears	Months	ril ll. Days	I If LESS than	-		ated above, at a.b.o.		
	5	0	4	1 day,hrs.		PAL CAUSE OF DE	ATH and releted caus		
N 8 Trade prof.	ession or partic	ular	-	1 01			lead in bar	rracks.	Date of onset
6 kind of	work done, as S R, BOOKKEEPER	SPINNER, , etc	Soldier				idings pen		
9. Industry or	business in wh as done, as SILK ILL, BANK, etc	ich MILL.					nation reveal		oloweal con-
SAW MI	ILL, BANK, etc sed last worked		S. Arm	Ytime (years)			be assigned.		
this occ	April 1	4d 1934	spa	nt in this 8		rathe cus			
J , , , , ,				B patron	li .	butory Causes of in	•		
12. BIRTHPLACE (C		Shenan			The S	Bound of Of	ficers apposi	ted report	Oth
~			lvania.				mable to a		Ka
I	U)	nknown				P	9)		
1.7	CE (city or town) or country)								
		Unkno	ie Kwede	•					
=				F			causes (VIOLENCE) fi		
	CE (city or town)	Unkno	WII				pns	Oate of injury	, 19
						ijury occur?	(Specify city or I in INOUSTRY, in HO	town, county and	Siale)
17. INFORMANT F	Ft. Ho			LIIIA	- Specify whet	mer mjury occurred	i iii inoosiki, iii ne	ME, OI IN PUBLIC	PLAGE.
18. BURIAL, CREMA	TION, OR REM	OVAL	- 1		Menner of in	niury ===		*******	
Place	sia 6	^v a	Date	e 18,1936					
19. UNDERTAKER	Hour	and 1	(mos	2			way related to occup		
(Address)	Al	-g de	n. ma		If so, specify		VX401	/	
20. FILED april	e 16, 193		UM SI	hipley al Refistrar.	(Signed)	Burt H	eld, 1st L		
	ACCUMENTATION OF THE PROPERTY	If more	blanks are needed,	address State Registrar			Requesting V. S. No.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1936	July 5,1927	Perilonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

2. FULL NAME. (a) Residence: No. (b) A seed occurred. (c) Residence: No. (c) Residence: No. (d) Resid	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4139
Village of City, of acuted and support of the state and support of the	1. PLACE OF DEATH	(310)
Comparison of the Control of the C	County Harford,	Registration Dist. No. 195
Langth of residence in city or Joyan America death occurred. (a) Residence: No. Great And Statistical Particulars J. SEX 4. COLORAR RACE SURVEY ON-DEVERSES ("wire the word) MEDICAL CERTIFICATE OF DEATH Married, widowed, or divorced (1058Ario) (1058Ario) B. DATE OF BIRTH (month, day, and year) A Colorar Residence in the date stated above, asb. D. H. no. T. AGE Years Months Oay If LESS than I day, min. To profession, or particular (SAWYER, 800KKEFER, atc.) SAWYER, 800KKEFER, atc. L. Lord or country) Married, widowed, or for feed to the date stated above, asb. D. H. no. The PRINCIPAL CAUSE OF DEATH and related causes of importance with a coccupation occupation. Other Coortibutory Causes of importance: Washer of country) Married, widowed, or for feed to the date stated above, asb. D. H. no. The PRINCIPAL CAUSE OF DEATH and related causes of importance with a coccupation. Other Coortibutory Causes of importance: Washer of operation. Other Coortibutory Causes of importance: Washer of operation. Washer of operation. Date of country) Name of operation. Washer of operation. Date of country Tr. INFORMANT Acc. A Color of the date stated above, asb. D. H. no. To provide the date stated above, asb. D. H. no. To provide the date stated above, asb. D. H. no. To provide the date stated above, asb. D. H. no. The PRINCIPAL CAUSE OF DEATH and related causes of importance with a company of the date stated above, asb. D. H. no. The PRINCIPAL CAUSE of DEATH and related causes of importance with a company of the date stated above, asb. D. H. no. The PRINCIPAL CAUSE of DEATH and related causes of importance: The PRINCIPAL CAUSE of DEATH and related causes of importance: The PRINCIPAL CAUSE of DEATH and related causes of importance: The PRINCIPAL CAUSE of the provide and the date of the date stated above, asb. D. H. no. The PRINCIPAL CAUSE of DEATH and related causes of importance: The PRINCIPAL CAUSE of the provide and the date of the date stated above, asb. D. H. no. The PRINCIPAL C		No. St., Ward
(a) Residence: No. Database of abody PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE MARKED, WIDOWILD OR DIVORCESS. Course to by word or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I stended deceased from to have occurred on the date stated above, stat. 20 Min. To service the word of town of words and state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and to have occurred on the date stated above, stat. 20 Min. A. Track polession, or particular with the state of words and the state of words and the state stated above, stat. 20 Min. A. Track polession, or particular with the state of words and the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. The PRINCIPAL CAUSE OF DEATH and related causes of importance. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular with the state stated above, stat. 20 Min. A. Track polession, or particular w		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR BACE SUMMER	2. FULL NAME Albert W. Lento	0001
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR BACE SUMMER	(a) Residence. No Balting one Bus	Lot - Ward Deliverse Baltimase) De D.
3. SEX 4. COLOR OR RACE MINISTER		303 Callering nonresident give city or town and State
MMALE White Description (where do was an alloward of the state of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 8. Tade, profession, or particular shin of work done, as SPINNER, active or when the shin of work done, as SPINNER, and the shin of work done, as SPINNER, and the shin of work done, as SPINNER, active or when the shin of work done, as SPINNER, and the shin of w	male white OR DIVORCED (vorte the word)	april 19 1936
6. DATE OF BIRTH (month, day, and year) which with the control of the date stated above, sh. 19. death is said to have occurred on the date stated above, sh. 10. fm. 1 Last saw h. 19. death is said to have occurred on the date stated above, sh. 10. fm. 2 R. Trade, profession, or particular sind of work done, as SPININER, and the stated above, sh. 10. fm. 3 R. Trade, profession, or particular sind of work done, as SPININER, and the stated above, sh. 10. fm. 3 R. Trade, profession, or particular sind of work done, as SPININER, and the stated above, sh. 10. fm. 4 R. Trade, profession, or particular sind of work done, as SPININER, and the stated above, sh. 10. fm. 5 R. Trade, profession, or particular sind of work done, as SPININER, and the stated above, sh. 10. fm. 5 R. Trade, profession, or particular sind, and stated causes of importance. 1 S. Hawker, BookkeePer, etc. 1 S. Industry or business in which was done as SSILK MILL, SAW MILL, BAHK, etc. 10. Oute deceased last worked at this occupation (month and spann in this occupation) on the state of the state of above, sh. 10. fm. 1 S. Industry or business in which was done as SSILK MILL, SAW MILL, BAHK, etc. 1 S. Industry or business in which was done as SSILK MILL, SAW MILL, BAHK, etc. 1 S. Industry or business in which was done as SSILK MILL, SAW MILL, BAHK, etc. 1 S. Industry or business in which was done to country) 1 S. Industry or business in which was done to external causes of importance: 1 S. Industry or business in which was done to external causes (VIOL ENCE) fill in abouth fellowing: 2 S. It death was due to external causes (VIOL ENCE) fill in abouth fellowing: 2 S. It death was due to external causes (VIOL ENCE) fill in abouth fellowing: 3 Accident, suicide, or homicide? ** ** ** ** ** ** ** ** ** ** ** ** **	HUSBAND OF O	
7. AGE Years Months Oays If LESS than I day, If LESS than In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of importance In PRINCIPAL CAUSE OF DEATH and releted causes of im	6 DATE OF RIPTH (month day and year wewar of 1899	
1 day		4
8. Tracts profession or particular indication of the control of th		The PRINCIPAL CAUSE OF DEATH and related causes of importance
State or country	9 Trade profession or posticular	harling shall Broken Wildel
State or country	SAWYER, BOOKKEEPER, etc. actilence rulder.	back, smelt I an Aletamobile
10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER A COUNTRY 19. UNOERTAKER A COUNTRY 20. FILEDULAT 19. UNOERTAKER A COUNTRY 20. FILEDULAT 21. INFORMANT 21. INFORMANT 22. INFORMANT 24. Was disease or injury for any way related to occupation of deceased? 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place A Country CANADARY CANADAR	9. Industry or business in which work was done, as SILK MILL.	accident 1
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) (A	10. Oate deceased last worked at this occupation (month and spent in this	
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Where did injury occur? Lance of the property	I I I I I I I I I I I I I I I I I I I	7 . 1 4 . 1 . 1 . 1
17. INFORMANT Series Periform 19 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 300 - Literal Place Date Manner of Injury Suspense Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Date Tark Oate Apr., 2/19 36, Nature of injury functions shall, Broken back 19. UNDERTAKER Jewing of Great Specify (Signed) L. Jacobs Specify (Signed) L. Jacobs Specify (Signed) L. Jacobs M. D. Address of David Cle Jacobs M. D.	O 16. BIRTHPLACE (city or town)	
(Address) 300- Lithurflace, Batto, Mil. 18. BURIAL, CREMATION, OR REMOVAL Place Sandwar Tarch Oate Afre, 2/19 36, 19. UNOERTAKER Semination of deceased? (Address) Carre of Starle J. Jales M. S. (Signed) Connection of deceased? 24. Was disease or injury In any way related to occupation of deceased? (Signed) Connection Converse M. D. Address J. Davie Lee Grand M. D. (Signed) Connection Converse M. D. Address J. Davie Lee Grand M. D. (Address J. Davie Lee Grand M. D. Address J. Davie Lee Grand M. D. Address J. Davie Lee Grand M. D.	To a ill to	(Specify city of town county and State)
18. BURIAL, CREMATION, OR REMOVAL Place South Facel Oate Afr., 2/19 36, 19. UNOERTAKER Securing for row 24. Was disease or injury In any way related to occupation of deceased? 24. Was disease or injury In any way related to occupation of deceased? 25. FILED Afr. 19. 19.36 6 Lasten J. Jaley B. J. (Signed) Connection Converse M. D. Address Journal of Manner of Injury Scales States		
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19. UNOERTAKER Jennington 20. (Address) Carro de Grace rud. 24. Was disease or injury In any way related to occupation of deceased? 16 so, specify (Signed) L. C. Carreffeld Cerroney M. D. (Signed) L. C. Carreffeld Cerroney M. D. (Address of barre de Glace Cerroney M. D. (Address of barre de Glace Cerroney M. D. (Address of barre de Glace Cerroney M. D. (Signed) L. C. Carreffeld Cerroney M. D. (S		6 7 0 1 11 11
20. FILED Apr. 19, 1936 Glastin J. Jaley B. J. (Signed) Councile Corvery M. D. Address & barre de Grant Corvery M. D. Address & barre de Grant Corvery M. D.	(x) . 4 . 1/1	
20. FILED Apr. 19 , 1936 Grante J. Jaley B. J. (Signed) L. C. Danebelle Coroney M. D. Address & barre de Grant Line	- 2	
	20. FILEO 2 ps. 19 1936 6 Lastia J. Jales 7. J.	(Signed) f. C. Janequel Courses M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 4	Example II	
The principal-cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic intersti all ephritis Cerebral hemorrage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1008 S 1008.			
Other contribution causes of importance	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
argua.			

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4133
1. PLACE OF DEATH	46-B × 184
County 2 YOU FOR	Registration Dist. No. 107
Village or Gity Valungion (II	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrsmos	ds. How long in U.S. If of foreign birth? yrsmosds.
2. FULL NAME LOUIS a M. MC	Cleary
(a) Residence: No. (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ofril 4 193 6
5a. If married, wideway, or divorced	(Month) (Dey) (Year)
(or) WIFE of Mm. // C Cleary	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw help alive on about 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at 130 4-m.
73 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER. Houseways SAWYER, BDDKKEEPER, etc.	10
work was done, as SILK MILL,	Stamache 7
1D. Date deceased last worked a March 11. Total time (years) spant in this occupation (month and 1936 occupation occupation	
12. BIRTHPLACE (city or town) Atorford Co.	Other Contributory Causes of Importance:
(State or country) Burd (State or country) Burd	
14 BIRTHPLACE (city or town) A Tarford Co	Name of operation.
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Louisa Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT III Me Cleary (Address) Darlington Mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL My Date april 7, 1936	Menner of injury
19. UNDERTAKER S. F. Bailey	24. Wes disease or injury In eny way releted to occupation of deceased?
(Address) Darlington Md	If so, specify
20. FILED CAPULD 1936 Mi St. Purk	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

M

MARGIN RESERVED FOR BINDING

* Nesleyan

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TE OF MARYI AND-CERTIFICATE OF DEATH

PHYSICIANS should state

of OCCUPA.

Exact statement

item of infor-

Every

WITH UNFADING INK-THIS IS A PERMANENT RECO

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.—WRITE PLAIM

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	98:0
County Lanford	Registration Dist. No. 185
	Mo. M. Skauces Villa St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Sistermany David	(mulligan)
(a) Residence: No. St. Francis Villa (Ushal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Level 1 Single Married, Widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended dacassed from
DATE OF BIRTH (month, day, end year) Q ot 16-1866	I last saw had aliva on Africal 16, 1936; death is sai
AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10:0, m.
69 70 6- 1 day, hrs	were as follows:
1 8 Treda, profession, or particular	Christer Delevoso Data of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mypertension
9. Industry or business in which work was done, as SILK MILL.	Thronia tromorardates
work was done, as SILK MILL, SAW MILL, BANK, etc	Massestatie
this occupation (month end spent in this occupation wear)	[Hammune)
8 94	Other Contributory Canses of Importance:
BIRTHPLACE (city or town)	
8 10 11-	- Cardway artes
13. NAME Daniel Mulligan.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
20-11-00	What test confirmed diegnosis? Was thara an autopsy? Was thara an autopsy?
15. MAIDEN NAME Elizabeth Venunt	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
Corate of continty)	Where did Injury occur? (Specify city or town, county and State)
(Address) Lave to Brace rud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place toly et temer Date apr. 18, 1936	Nature of injury
9. UNDERTAKER Elementon tout out,	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Have the Grall, and	If so, specify
1 Spice 17 36 Clare 1 Fan 23	(Signed) Charles & toles, M.
O. FILED CALL 196 Starle f. Alex M. A.	(Address of Care all Box of the

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

v. s. No. 1 N. B.—W

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infornation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
County Harford	Registration Dist. No. 182
Village or City Halloton Md	No. St. War
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Ofon Edward Ox	shorme If U. S. Veteran, specify WAR source.
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or lown and Stale
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	word) // Christ 193 6
HUSBAND of (or) WHEE of Marie Co, Golorne.	1 HEREBY CERTIFY that I attended deceased fro
DATE OF BIRTH (month, day, and year)	I last saw have alive on half 19 36; death is sai
AGE Years Months Days If LES 1 day, or	min ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Frances SAWYER, BOOKKEEPER, etc.	Total Incumonia man
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	7.7.2
10. Date deceased last worked at /uml 26 11. Total time (years) spent in this occupation (month end 926 occupation	3 yıs
2. BIRTHPLACE (city or town) Nebraska (State or country)	Other Coutributory Causes of importence:
14. BIRTHPLACE (city or town) Kentuckey	Name of operation Date of
(otate of country)	What test confirmed diagnosis? Was there an autopsy?_2
15. MAIDEN NAME Lawa lo offma 16. BIRTHPLACE (city or town) Nellvaska.	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Null vaste a	Accident, suicide, or homicide? Date of injury
7. INFORMANT Marie &, Goborne (Address) Y, alatte of endament	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Maspert Hall Date Mrs. 5.	1936 Nature of injury
9. UNDERTAKER John Burns Son (Address) + on on Md:	24. Was disease or injury in any way related to occupation of deceased? 20
O. FILED april 2, 19 36 V. E. Chamb	(Cigned) History / Joudson

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Parte of Duset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1914	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2/		
Other contributory causes of importance:		Other contributory causes of importance:	1 1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	JF MARI	LAND-	CERTIFICATE	OF DEATH	1137
County Asar Sord	in and en		•	Registration Dist. No. / 8	5/
Village or City Callel	uleen	. 1/		St., ation, give its NAME instead of street a	nd number)
Length of residence in city or town where	death occurred	yrsmos	ds. How long In U.S. if o	of foreign birth?yrs	_mosds.
(a) Residence: No. Syllan	etea franco (Usual place o	L Intres (abode)	L St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MARR OR DIVORCED	(runte the word)	21. DATE OF DEATH	Cifrid 2 (Day)	, 193 <u>6</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0		22. I HEREBY	CERTIFY, That I attend	led daceasad from
(01) WILL 01				, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)	m. 25-1	935	I last saw h alive on	, 19	; death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date state	ad abova, atm.	
1 4	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	none		" facultation	~	
9. Industry or business in which			ickels		
work was done, as SILK MILL,			1 ossibly Cer	minal prelimon	a
SAW MILL, BANK, etc	11. Total tin	ne (years) tin this pation	(-)	······································	
12. BIRTHPLACE (city or town) - Cafall. (State or country)	Mary (and	Other Contributory Causes of impo	ortance:	
13. NAME andrew	Chrest	,			
13. NAME ANALLY 14. BIRTHPLACE (city or town) (State or country)	1 unul an			Data o	
15. MAIDEN NAME	DAA			Was there	
15. MAIDEN NAME 16. BIRTHPLACE (city of town). (Stata or country)	afad &		Accident, sulcida, or homicide?	uses (VIOL ENCE) fill In also tha follow	
17. INFORMANT Address)	itt	nd	Where did injury occur? Specify whether Injury occurred in	(Specify city or town, county and n INDUSTRY, In HOME, or In PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place House Mr. G. Gener	Ly Date Cypri	Ps 4 1926			
19. UNDERTAKER Henry (Addrass)	lerdes	Isms mod		vay related to occupation of decaasad?	
20. FILED CIPL 4, 19 36 C	06 re	Registrar.	(Signed) FAUNT (Addrass)	terdien v	row
If mar	e blanks are needed and	Idease State Periots	and N. Charles Street Batiman B.	G) C M	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I	įį	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 12/1/ 0	c .		(1)
11 11 11 11 11 11 11 11 11 11 11 11 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July5,1927	Peritonitis	3 days ago
		1		
Other contributory of Gallstones	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

M)	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
• DN	VENT RECORD. TLY. PHYSIGHED. Exact state
FOR BINDI	S IS A PERMAN e stated E X A C e properly classi f certificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
MAR	NLY, WITH UNF be carefully suppli ATH in plain term mportant. See ins
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4139
1. PLACE OF DEATH	47-B)
County Harford	Registration Dist. No. 185
Villago or City Deave de Grace,	NoSt.,Ward
Length of residence in city or town where death occurred 62 yrs // mos	death occurred in a horpital or institution, give its NAME instead of street and number)
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME agres a, du	M.C.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Temale wite Marking	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of James James	22. HEREBY CERTIFY, That I attended deceased from
10 11 12 18 75	Hast saw here alive on Arrives 5 19 36 death is said
6. DATE OF BIRTH (mopth, day, and year) 7. AGE Years , Months Days If LESS than	Liast saw have alive on Liast saw have occurred on the data stated above, at Liam,
1 b 1 1 / 1 day hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc.	Jamand promine
9. Industry or business in which work was done, as SILK MILL,	South (Henrico
SAW MILL, BANK, etc	
O 1D. Data deceased last worked at this occupation (month and year) spant in this occupation occupation	
L. I - U	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) O March (State or country)	actual as
	Considere variable
T T	
14. BIRTHPLACE (city or town)	Name of operation Date of Was there are autoposy?
15. MAIDEN NAME Katherine Maher,	mat tost committee diagnosis:
H IS BISTINGS (III	23. If death was due to external causes (VIDLENGE) fill in also the following: Accident, suicida, or homicide?
[5] 16. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Where did injury occur?
Jan. 10 C. D. 60 10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT This Is the district of the control o	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M. Trin Son Date aferul, 1936.	Nature of injury
19. UNDERTAKER Lenningtonteson	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) Houre of escare, med	If so, specify
20. FILED april 7, 1936 Charles J. January	(Signed) fraction of toley M. D
Registrar.	(Address) Janua Af Dreat Three
If move blanks are marded address that Periods and	A Charles Court P. Linner D 671 C N

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
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Arteriosclerosis Chronic interstitial rephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage KIREAU V. S.	July 5,1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

should state

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEA	ATH 4141
1. PLACE OF DEATH	2 1 7 1
County Harford Registration	n Dist. No. / 8 3
Village or City Ocutledge, M.S. No.	St. Ward
(If death occurred in a horpital or institution, give its NAN Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?	
2 Fire NAME & Dia alothe Vilarada Pritte 100	
(a) Residence: No. Ruttedal Md. St. Ward.	1
Visit to the contract of the c	nt give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT	E OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word) White Wildow (Month)	P /2 ,193 (Oay) (Year)
5a. If married, widowad, or divorced HUSBAND of Or) WIFE of Dr. Chas. a. Rutledge 22. I HEREBY CERTIF	FY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Nov H. 1850 Hast saw her alive on march	19.3 6 : death is said
7. AGE Years Months Days If LESS than to have occurred on the data stated above, et	Am.
8 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related cau	
8. Trade, p: ofession, or particular kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc.	Oate of enset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data decaasad last worked at this occupation (month and spant in this occupation can be a compation control occupation can be a compation can be a compatible can be a compati	
12. BIRTHPLACE (city or town) Hav. Ro Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Hav. Ro	
(State or country) alteroses	
13. NAME David Harry 14. BIRTHPLACE (city or town) Harford Co. Name of operation.	
14. BIRTHPLACE (city or town) Hanford Co. Name of operation.	Oate of
(State of Country) What test confirmed diagnosis?	Was there an au'opsy?
15. MAIOEN NAME Mary Warner 23. If death was due to external causes (VIOLENCE)	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide?	_ Date of Injury, 19
Where did injury occur?	or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of arms - Mydady Manage april 14, 1936. Nature of injury Nature of injury	
19. UNDERTAKER E. D. Hurs, & Jon., 24. Was disease or injury in any way related to occu	upation of deceased? No
(Address) Jarretton De M. If so, specify.	
20. FILEOUS 14, 1936 Thomas Prown (Signed) From (Address) Bellin Registrar.	red M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 7 1930	July 5,1927	Peritonikis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
county Harford	Registration Dist. No. 1 90
Village or City abringan	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos
2. FULL NAME mo Pauline (malesse	wohi 1st marriage) Schultz
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Tamal Whet manual	21. DATE OF DEATH A pul (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jarsh Schutz	22. HEREBY CERTIFY. That I attended deceased from April 7 ,1936, to April 8 ,1936
6. DATE OF BIRTH (month, day, and year) 96, 1868	I last saw h-la elive on April 8 ,1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete steted above, at 19 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Generalised arterior relevois vears Coronary orchision 10-20-35
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hameplegig left 4-7-36
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 4 5 (State or country)	Other Contributory Causes of Importance:
13. NAME	
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation. Nov. Oete of. What test confirmed diegnosis? Clinical Was there an autopsy? M.
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Joseph Schools (Address) Ab- golon. md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place. Wilman from bel Oate 13,1936	Menner of injury
19. UNDERTAKER Afrond K McComa (Address) Afrongolon - mod	24. Was disease or injury in eny way related to occupation of deceased? No
20. FILEO april 9, 19 3 & 6 mily M Shipley	(Signed) Ped O Hotous M. D. (Address) Eaglword, M.d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cruse of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
and the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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INDING	RMANENT R	XACTLY.	classified. E	
FOR B	IS A PE	stated E	properly	certificate
ED D	HIS	pe	pe	of o
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
	PLAINLY,	hould be ca	OF DEATH	very import
.1	-WRITE	mation s	CAUSE	TION is

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4144
1. PLACE OF DEATH	107-02
County Harford	Registration Dist. No. 18
Village or City Renyman	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mus. anna Elizabeth Ta	w Can
(a) Residence: No. hour Darryman	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Washow	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Waslyh Working Taylor.	22. I HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) March 24 - 1854	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
STrade profession or particular	were as tollows: Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Δ . Θ
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Pronchal mumou
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Philadilphua (State or country)	Other Contributory Causes of importance:
13. NAME John Stockham	
13. NAME John Mockelann 14. BIRTHPLACE (city or town) Dissilal	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Caldwell. Brogers	23. It death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Adonaling	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. & Arward Jaslar (Address) Buryman mg	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Callings with 11- Thate lights 21, 1936	Nature of injury
19. UNDERTAKER Henry Javieng Sons (Address) aberdeen mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED afril 20, 19 706 Affichael Recistrati	(Signed) M. D. (Address) Sermon Mo
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING	PERMANENT
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STATE	OF MARYLAND-	CERTIFICATE OF DEATH 414	5
1. PLACE OF DEATH	1	92:00	
County Starfor	d ,	Registration Dist. No. 184	
Village or City	vlington	NoSt.,St.,	Ward
Langth of residence in city or town when		ds. How long in U.S. If of foraign blrth? yrsmos	
2. FULL NAME dilli	CE, Thomas	If U. S. Veteran, specify WAR	
(a) Residence: No.	***************************************	St., Ward.	
PERSONAL AND CTATIO	(Usual place of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, DIYOREED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of MINUS	H. Thomas	22. I HEREBY CERTIFY. Thet t attended dec	eased from
6. DATE OF BIRTH (month, day, and year)	Wril 22 1882	I last saw held alive on Absid 77 1936 d	eath is said
7. AGE Years Months	Days of If LESS than	to have occurred on the date stated above, at	
540	6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	1/ 0	wate as follows.	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housework	Chronic mitral	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	at Home	Regungetalism	
10. Date deceased last worked at Olythis occupation (month and year)	11. Totel tima (years) for spant in this occupation	<u></u>	
12. BIRTHPLACE (city or town) Was	inglor Cr.	Other Coutributory Causes of Importance:	
III. NAME MOOR &	are		
On-	:080 C		
(Stete or country)	and a	Neme of operation	
427.5.2	Bound	What tast confirmed diagnosis? Was there an auto	psy?
Che	Constitution of the	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	of the state of th	Accident, suicide, or homicide? Date of Injury	
(m Dr	1 40	Where did injury occur? (Specify city or town, county end State)	
17. INFORMANT (Address) Oarlin	glow md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	maria	Manner of Injury	
Place Mulin Cem	Date /// Ory 19 36	Natura of injury	
19. UNDERTAKER A CANADA	Bailer	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED april 29, 19 1936	m. W. Kirke	(Signed) F. P. S roof room (Address) Dibiturger mo.	M. D
If mo	re blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage MAY 6 1960	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—W See instructions on back of certificate.

FION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4141
1. PLACE OF DEATH	(102)
County Hanford	Registration Dist. No. /8
Village or City Selan	No. St. Ward
(If Length of rasidenca in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Body Ir hitting I'm _	. 1
	Wilson Ronald
(a) Residence: No. 1300 WW MV (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
Sa. If Married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet lattended deceased from
0 3./20	Rest , 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days ' If LESS than	I last saw h alive on, 19.2 ; daath is sald to heve occurred on the date stated above, at ? /// m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	wara as follows: Underse
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I and dead in bed
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date dacaased last worked at 7 11. Total time (years)	Orobobly suffication by bed-clothes.
this occupation (month and year) spant in this occupation	CutR
12. BIRTHPLACE (city or town) / Sell Quir 7	Other Contributory Causes of Importance: Childs was in bed swith the mother of them
(State or country) Wed	Gound deady Esd Clothing was now the
13. NAME CANSONNI	- Headia
14. BIRTHPLACE (city or town)	Neme of oparation Date of
(Stata or country)	What tast confirmed diagnosis? Examination Was there an eulopsy? Na
15. MAIDEN NAME & Stera & Multing land	23. If daath was due to extarnal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Sel au	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Dery / Cey Lev	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place 15 19 36	Mannar of injury
Place Newsyn New Date 7 10, 19 66	Nature of injury
19. UNDERTAKER CHUZ VILLE	24. Was disaasa or injury in any way related to occupation of dacaased?
(Address) Tel Chy Min,	(Signad) Chas- Michardon M.D.
20, FILEDUM 12, 19 6/1 L Catherdan. Registrar.	(Address) Bel an his

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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DITA - TOPAT

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

4147

County Milage of City And And State of the County of the C	1. PLACE OF DEATH		THE PLANT	
Langth of residence in city or town whyse death occurred ys	County Hurford	-2	Registration Dist. No. 183	
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE OR BY WORKELD, while the word) OR BY WORKELD, while the word) St. II married, widowed, or divorced (or) while of a sex of the sex	Village of City Lave de			
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE OR BY WORLD (with the word) Say II married, widowed, or divorced (roy bife of the bife o	Length of residence In city or town where death occurred	yrsmos	ds. Glow long In U.S. if of foreign birth?yrsr	nosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR, OR RACE S. SINCLE, MARRIED, WIDOWED. OR WIDOCALD (wine the word) So. If married, widowed, or divorced HUSSAND (Month) Coay) T. AGE Years Months Days If LESS than 1 day,		videll,	7 7 1/	7. V
3. SEX 4. COLOR OR RACE No. If married, widowed, or divorced WILSENDON 10 (Month) 10 (00) 12. I HER EBY CERTIFY. That I stended deceased from 12. I HER EBY CERTIFY. That I stended deceased from 13. It married, widowed, or divorced WILSENDON 14. LESS than 1 day. hrs. 15. AGE Years Months Days If LESS than 1 day. hrs. 16. DATE OF BIRTH (month, day, and year) SAWYER, BOOKKEPFER, stc. SAWYER, BOOKKEPFER, stc. 19. Industry or business in which work was one, as SILK MILL, SAWMER, BOOKKEPFER, stc. 10. Saw Was one, as SILK MILL, SAW Was done, as SILK MILL, SAW HER PRINCIPAL Celty or town) 11. Total time (veers) 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Radiess) 18. MAIDEN NAME 19. Male Agray 19. Male Companies 19. Male Country 19. Male Companies 19.				d State
April 10th (Month) (Osy) I HER BY CERTIFY. That I attended deceased from 19. to 19.				
HUSBAND of (cr) WIFE of 6. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular of work done, as SPINNER, or min. 8. Trade, profession, or particular of work done, as SPINNER, or min. 9. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 13. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURTHPLACE (city or town). (State or country) 18. BURTHPLACE (city or town). (State or country) 19. Months Name 19. 10. 11st saw h. alive on. 19. 10. 12st saw h. alive on. 10. Name or Operation and related causes of Importance. Cere Dral Hemorrhage, Fractured Cervical vertebrage. 4/10/3 Other Ceatribatory Causes of importance: Other Ceatribatory Causes of importance: What test confirmed diagnosis? Was there an autopsy? No 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicider/Accident. Date of injury 4/10, 13-26 Where did injury occurred in INDUST in HOME, or in PUBLIC PLACE. Public Place 19. UNDERTAKER 19. UNDERTAKER 19. MONTH ACCIDER ACCIDENT IN HOME, or in PUBLIC PLACE. 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 10. Mance of injury in injury and pay and state of country injury and pay are related to occupation of deceased? 19. UNDERTAKER 19. UNDERTAKER 19. SAWER BOOKKEEPER, etc. 19. UNDERTAKER 19. OTHER EMPLACE CEVENTY THAT IN TENER ACCIDENT TO THE INDUST THE ACCIDENT TO THE INDUST THE ACCIDENT TO THE INDUST THE ACCIDEN	males white or Brown	RCED (write the word)	April 10th	, 193 6 (Year)
6. DATE OF BIRTH (month, day, and year) Sept. / 1990. 7. AGE Years Months Days II LESS than to have occurred on the date stated above, at	HUSBAND of	0		
Sample S		14-1910.	I last saw h, 19	
8. Trade, profession, or particular stands of the stand of work done, as SPINNER, and a stand of work done, as SPINNER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year). 12. BIRTHPLACE (city or town)	25 6 27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Data of speed
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, etc. 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (S	thind of week done on CRIMMED	/	Cerebral Hemorrhage,	Date of ouset
11. Total time (years) this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	SAWYER, BOOKKEEPER, etc.	have !	Fractured Cervical Vertebrae.	4/10/3
12. BIRTHPLACE (city or town) (State or country) 13. NAME	10. Date deceased last worked at this occupation (month and	spent in this		
13. NAME Procedure (city or town) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRIMATION OR REMOVAL Place 18. BURIAL, CRIMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. ABRICHPLACE (city or town) Date of operation What test confirmed diagnosis? Was there an autopsy? No What test confirmed diagnosis? Was there an autopsy? No Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Public Place Manner of injury Thrown from Motorcycle Nature of injury Cerebral Hemorrhage, Frac. 24. Was disease or injury in any way related to occupation of deceased? 16. Specify Manner of injury in any way related to occupation of deceased? 17. INFORMANT (Address) 18. BURIAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTA		Italia.	Other Contributory Causes of importance:	
What test confirmed diagnosis? Was there an autopsy? No 15. MAIDEN NAME Place (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Place Date of Injury 4/10, 1936 Where did injury occur? Bel Air Rd. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Place Manner of injury Thrown from Motorcycle Manner of injury in any way related to occupation of deceased? 18. BURIAL, ERFMATION OR REMOVAL Manner of injury in any way related to occupation of deceased? 19. UNDERTAKER Manner of injury in any way related to occupation of deceased? 16. Specify Manner of injury in any way related to occupation of deceased? 19. UNDERTAKER Manner of injury in any way related to occupation of deceased? 19. UNDERTAKER Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased?	0 1 1/4	0,		
15. MAIDEN NAME Relative and every 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Addres	14. BIRTHPLACE (city or town). Sweldow (State or country)	7,		
Where did injury occur? Det Att It (Specify city or town, county and State) 17. INFORMANT CLAS Q. Bands brown (Address) 46 43 - 4 4 avr., Afrondly 20 18. BURIAL, EREMATION OR REMOVAL Place Consider Manner of injury Thrown from Motorcycle Manner of injury Thrown from Motorcycle (Nature of injury in any way related to occupation of deceased? No 19. UNDERTAKER Thrown from Motorcycle (Nature of injury in any way related to occupation of deceased? No 16 so, specify (Signed) Havre De Grace, Edroner M. D	15. MAIDEN NAME Hilder an	derson.		
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 4643-444 avr., Atrophysis 18. BURIAL, CREMATION, OR REMOVAL Place Confidence of injury Thrown from Motorcycle (Address) Laving of injury in any way related to occupation of deceased? 19. UNDERTAKER Address Carlot of the Confidence of Injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 15. O, Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Nature of injury Thrown from Motorcycle (Nature of injury in any way related to occupation of deceased? 15. O, Specify (Signed) Havre De Grace, Coroner M. D.	16. BIRTHPLACE (city or town) (State or country)	w.	Accident, sulcide, or homicide? Accident Date of Injury 4/1	0 ,1936
18. BURIAL, EREMATION OR REMOVAL Place Coverage Manual Date apre-1/3, 19.3b. Manner of injury Thrown from Motorcycle (Nature of injury In any way related to occupation of deceased? No 19. UNDERTAKER (Address) (Address) (Signed)		Spray 3	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nte) LACE.
19. UNDERTAKER (Address) Love be Size nd. (Signed) (Signed) (Signed) 19. UNDERTAKER (Address) (Signed)	18. BURIAL, CREMATION, OR REMOVAL	2re, 13, 19 3b	Manner of injury Thrown from Motorcycle	ac.
20. FILED Apr. 11, 136 Clarle I they to D. (Signed) Canchelle Boroner M. D.	19. UNDERTAKER Paurisingtons	Son med	24. Was disease or injury in any way related to occupation of deceased?	
	21 1 21 1 1 1	Ley 3. D. Registrar.	(Signed) Hayre De Grace, Cor	oner M.D.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitia nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 20 1936	July 5, 1927	Peritonitis	3 days ago
Other contributory courses of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year
	_!		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

THE STATE OF STATE OF

S. No.

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Example I _ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Example II		
The principal cause of death and related causes of importance were as follows: 1AY 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CAUV. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	THIN CORPORATO LIMITS OF	
te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4149
infor- state UPA-	1. PLACE OF DEATH	
	County Hafford	Registration Dist. No. 100
Willer /	Village or City Havre be Srace	No. St., Ward
T SS T	Length of residence in city arrown where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs
RD. Every YSICIANS	2. FULL NAME Ora J. Munk	Den!
ICI Item	11. 10.111.	St. Ward.
The second second	(a) Residence: No. Yawa W. W. Water (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH Abail
d. L.	Jemale white Married	(Month) (Day) (Year)
NDING NMANEN X A C T classified	5a. If married, widowed or dryorced HUSBAND of (or) WIFE of	22. 2 HEREBY CERTIFY, That I attended deceased from
BINDI EXA y classi te.	(or) WITE OF Growings), Mruheler	March 3 10 36 to april 14 19 36
lend 3000 a	6. DATE OF BIRTH (month, day, and year first 3, 1864	I last saw her alive on open 147, 1936; death is sale
R A F ed	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date states above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR B. IS A PE stated E properly certificate	ormin.	were as follows:
a 00 a a a	8. Trade, profession, or perticuler kind of work done, es SPINNER Anal warb SAWYER, BOOKKEEPER, etc.	Cerebral Sclerosis 1925
(m)	9. Industry or business in which work was done, as SILK MILL, Clear / Lowel SAW MILL, BANK, etc.	21
ERVI K—T hould may back		mome Hephits
G INK-GE Shouth I may on ba	11. Total time (years) this occupation time that years a spent in this year)	
ARGIN RESTANTABLING INPLIES. AGE erms, so that instructions	19 4 rates	Other Contributory Causes of importance:
IN DI	12. BIRTHPLACE (city or town) (State or country).	General arteriosalerona (3)
MARGIN UNFADI supplied. n terms, so ee instruct	E 13. NAME allew & Jones	samae vocumentusia (1)
A DEP		Neme of operation Date of
S air	L (State or country)	What test confirmed diegnosis? Was there an autopsy?
WIT efull in pl	# 15. MAIDEN NAME Susan Offers	23. If death wes due to externel causes (VIDL ENCE) fill In also the following:
in.LY, W be careful EATH in important	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
be be impe	(State or equative)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT Storing A Minheles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) Of S. Washington St. Havrelle Str.	Mannar of Injury
	Bed ilmington Wela poto Upr, 17, 1936	Manner of Injury
A TO	Company Com Caller and	24. Was disease or Injury In any way related to occupation of deceased?
9	19. UNDERTAKER (Address) (Address) (Address)	If se, specify
8 8 (T)	20. FILED afrie 16, 1036 Charles & Galey m. 2.	(Signed) fames 76/3 ay M.
s z	Registrar.	(Address) John DE Grace Ima,
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Cerebral N. S	July 5, 1927	Peritonitis	3 days ago
Cold State of the Cold State o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4150	
1. PLACE OF DEATH	<u> </u>	
County Harfard	Registration Dist. No. 185	
Village or City Nafre de Brae		Ward
Length of residence in city or town where death occurredyrs,mos.	ds. How long is U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Make Married	Joefor At U.S. Veteran, Specify WAR	
(a) Residence; No.	64 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR OLVORCED (write the word)	21. DATE OF DEATH April 21, 193	6
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decee	sed from
21'1 11 21	, 19, to,	
6. OATE OF BIRTH (month, day, end year) 7. AGE Years Months Oavs If IFSS than	I last saw h alive on; dea	th is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF OEATH and related ceuses of importence	
ormin.	were as follows:	e of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc		
0 10 100 100 100 100 100 100 100 100 10	0 7:00 12	
S. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc	Sull office	
O 10. Oate deceased last worked at this occupation (month and spent in this occupation)		
12. BIRTHPLACE (city or town) Have de Grace	Other Coatributory Couses of Importance:	
(State or country) Maryland		
13. NAME doney Wolfard		
13. NAME Lovey Wolfard 14. BIRTHPLACE (city or town) Madeague	Name of operation Oete of	
(State of country)	What test confirmed diagnosis? Was there en autops	y?
15. MAIDEN NAME / Kargaret Deweese	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Margaret Sewers 16. BIRTHPLACE (city or town) Pergerles	Accident, suicide, or homicide? Oete of injury,	19
(State or country)	Where did injury occur?	
17. INFORMANT Converges und	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL/CREMATION, OR REMOVAL	Manner of injury	
plake full control Date for all 1906	Neture of Injury	
19. UNDERHAKER SE C. alling	24. Was diseese or injury in any way related to occupation of deceased?	
20. FILED Spril #1936 Charles J. Taley M. S.	if so, specify Signed A Clarine	M. O.
Registrar.	(Address) Lave de Grace, Mil	
If more blanks are needed soldress State Penistran	N Charles Street Belginson D. W. C. N.	

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Chronic interstitial nephritis MAY 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	7;			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	